

## **Supplemental Application Data Sheet**

### **Application Information**

Application number:: 10/590,139  
Filing Date:: 06/30/05  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title : ARTIFICIAL SPINAL DISC  
Attorney Docket Number:: HO-P03203US0  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status :: Full Capacity  
Given Name:: Neil  
Family Name:: Duggal  
City of Residence:: London  
Country of Residence:: Canada  
Street of mailing address:: 1544 Gloucester Rd.  
City of mailing address:: London  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: N6G 2S6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Louise  
Family Name:: Raymond  
City of Residence:: London  
Country of Residence:: Canada  
Street of mailing address:: 1544 Gloucester Rd.  
City of mailing address:: London  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: N6G 2S6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: R.  
Family Name:: Baker  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 13203 39th Ave. NE  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98125-4615

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Robert  
Family Name:: Conta  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3650 92nd Ave SE  
City of mailing address:: Mercer Island  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Carly  
Middle Name:: A.  
Family Name:: Thaler  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3912 Corliss Ave N  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98103

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: T.  
Family Name:: Stinson  
City of Residence:: Woodinville  
State or Province of Residence:: WA

Country of Residence:: US  
Street of mailing address:: 14241 NE Woodinville-Duvall Road, #415  
City of mailing address:: Woodinville  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98072

### **Correspondence Information**

Name: Fulbright & Jaworski L.L.P.  
Street of mailing address: Fulbright Tower  
1301 McKinney, Suite 5100  
City of mailing address: Houston  
State or province of mailing address: TX  
Country of mailing address: US  
Postal or Zip Code of mailing address: 77010-3095  
Phone number: (713) 651-5383  
Fax number: (713) 651-5246  
E-Mail address: jksimpson@fulbright.com

### **Representative Information**

Representative Customer Number:: 26271

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/02313 4	06/30/2005
PCT/US2005/02313 4	An application claiming the benefit under 35 USC 119(e)	60/584,240	06/30/04
PCT/US2005/02313 4	An application claiming the benefit under 35 USC 119(e)	60/658,161	03/04/05

### **Foreign Priority Information**

### **Assignee Information**

Assignee name:: Synergy Disc Replacement, Inc.  
Street of mailing address:: 1544 Gloucester Rd.  
City of mailing address:: London  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: N6G 2S6